



MISSOURI DEPARTMENT OF REVENUE, DIVISION OF TAXATION AND COLLECTION  
PO BOX 3320, JEFFERSON CITY, MO 65105-3320

**OTHER TOBACCO PRODUCTS RECEIPTS SCHEDULE  
PURCHASES FROM UNLICENSED OUT-OF-STATE SUPPLIERS**

FORM  
**4343**  
(REV. 11-2003)

MONTH

YEAR

COMPANY			LICENSE NO.
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ADDRESS	CITY	STATE	ZIP CODE
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If you have questions or need assistance in completing this form, please call (573) 751-5772 (TDD 1-800-735-2966) or e-mail [excise@dor.mo.gov](mailto:excise@dor.mo.gov). You may also access this form from the Department's web site:  
[www.dor.mo.gov/tax/business/excise/tobacco/forms/](http://www.dor.mo.gov/tax/business/excise/tobacco/forms/).

	DATE RECEIVED INTO STOCK	INVOICE NUMBER	PURCHASED FROM	ADDRESS (CITY, STATE, ZIP)	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
1					\$
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					

TOTAL — Enter on Line 1 of Form 4341 or, if necessary, continue on page 2 (reverse) of this form. . . . .	\$
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Enter TOTAL from Form 4343, page 1 ..... \$

	DATE RECEIVED INTO STOCK	INVOICE NUMBER	PURCHASED FROM	ADDRESS (CITY, STATE, ZIP)	MANUFACTURER'S INVOICE PRICE (BEFORE DISCOUNTS AND/OR DEALS)
23					\$
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					

TOTAL (Lines 1 to 48 inclusive) Enter on Line 1 of Form 4341 ..... \$